

1700

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No.	
County of <u>Gila</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>432</u>	
District of _____		Local Registrar's No. _____	
Town of <u>Mamie</u>		St. _____ Ward _____	
or _____			
City of _____	(No. _____)		
FULL NAME OF CHILD <u>Jesus Molinary</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of <u>Male</u>	Twin, Triplet <u>One</u> } and { Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Sept. 18</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Augustin Molinary</u>		Full Maiden Name <u>Concepcion Garcia</u>	
Residence <u>Live Oak St.</u>		Residence <u>Live Oak St.</u>	
Age at last Birthday <u>43</u> (Years)		Age at last Birthday <u>39</u> (Years)	
Race <u>Mexican</u>		Color or Race <u>Mexican</u>	
Place of Birth <u>Chile</u>		Birthplace <u>Monterrey Mexico</u>	
Occupation <u>Actor</u>		Occupation <u>Housewife (Actress)</u>	
Number of child of this mother <u>11</u>	Number of Children, of this mother, now living <u>7</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 18 1917, at 12 P.M.

{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Dr. Anna Repnikoff  
(Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 1917

Address Mamie, Arizona

Filed Sept 25 1917 LOCAL REGISTRAR. John C. Loef

148-918-371 COUNTY REGISTRAR. Filed Oct 6 1917 A True Copy B. S. Gray COUNTY REGISTRAR.